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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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CORRESPONDENCE ADDRESS**

Application Number	10/073,661
Filing Date	February 11, 2002
First Named Inventor	Noah Slomowitz
Art Unit	3728
Examiner Name	Luan Kim Bui
Attorney Docket Number	ETZIP102us

To: Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.

the attorneys/agents (with registration numbers) listed on the attached paper(s), or

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The reasons for this request are:

CORRESPONDENCE ADDRESS

- The correspondence address is NOT affected by this withdrawal.
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<input checked="" type="checkbox"/> Firm or Individual Name	Mr. Noah Slomowitz		
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Signature	<i>Noah Otto</i>	Registration No.	26,373
Date	Feb. 18, 2004	Telephone No.	216-621-1113

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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